



PATENT  
450117-4868

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Francois Pachet et al.  
Serial No. : 09/318,427  
Filed : May 25, 1999  
For : MUSIC SPATIALISATION SYSTEM AND METHOD  
Examiner : Ping Lee  
Art Unit : 2644

**RECEIVED**

JUL 19 2004

Technology Center 2600

745 Fifth Avenue  
New York, New York 10151  
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 12, 2004.

Bruno Polito, Reg. No. 38,580

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

  
\_\_\_\_\_  
Signature

July 12, 2004

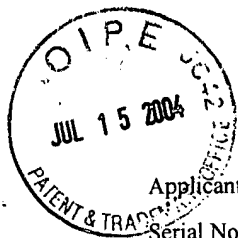
\_\_\_\_\_  
Date of Signature

**AMENDMENT AFTER FINAL ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Action mailed May 13, 2004, please amend the above-identified application as follows.



PATENT  
450117-4868

AP  
2644

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Serial No. : 09/318,427  
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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	** = 26	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	2	Minus	*** = 3	* 0 x	\$86 (43)	= \$0.00
Total additional fee for this amendment						\$ 0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Signature

July 12, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

Bruno Polito  
Reg. No. 38,580  
Tel: 212-588-0800